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38106 7590 04/04/2007

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(Depositor's name)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/768,743	01/29/2004	Marco Pasotti	856063.762	4907

TITLE OF INVENTION: EMBEDDABLE FLASH MEMORY SYSTEM FOR NON-VOLATILE STORAGE OF CODE, DATA AND BIT-STREAMS FOR EMBEDDED FPGA CONFIGURATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/05/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				

CHOI, WOO H 2189 711-103000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<u>1 Lisa K. Jorgenson</u> <u>2 E. Russell Tarleton</u> <u>3 Seed IP Law Group PLLC</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

STMicroelectronics S.r.l.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Agrate Brianza, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-1090 (enclose an extra copy of this form).

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Authorized Signature

E. Russell Tarleton

Date June 21, 2007

Typed or printed name E. Russell Tarleton

Registration No. 31,800

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